



**THE CATHOLIC UNIVERSITY OF AMERICA**  
Office of Student Financial Assistance

# GRADUATE (2017 - 2018) INCREASE REQUEST (Federal Direct Loan)

**Student's Name** \_\_\_\_\_ **CUA ID #** \_\_\_\_\_  
(Please print)

**CUA Email** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Request Increase or Reinstate a Federal Direct Unsubsidized Loan**

Complete this section if you are requesting the reinstatement of a Federal Direct Unsubsidized Student Loan that you have previously declined or for which you accepted less than the amount originally offered.

Enter the total **Gross** dollar amount (not the increase) for each term and total. If you type Gross amounts below; this PDF form will help you calculate and understand the Net loan dollars that will be applied to each semester.

Loan Type	Fall			Spring			Summer			Total		
	Gross (Please Enter)	Loan Fee	Net	Gross (Please Enter)	Loan Fee	Net	Gross (Please Enter)	Loan Fee	Net	Gross	Loan Fee	Net
Federal Direct Unsubsidized		1.069%			1.069%			1.069%				

Student's Signature \_\_\_\_\_

NOTE: Signature must be handwritten. Computer fonts not acceptable.

Date \_\_\_\_\_

**Request to Increase your Direct Graduate PLUS Loan**

Complete this section if you wish to increase your Federal Direct Graduate PLUS loan.

Enter the total **Gross** dollar amount (not the increase) for each term and total. If you type Gross amounts below; this PDF form will help you calculate and understand the Net loan dollars that will be applied to each semester.

Loan Type	Fall			Spring			Summer			Total		
	Gross (Please Enter)	Loan Fee	Net	Gross (Please Enter)	Loan Fee	Net	Gross (Please Enter)	Loan Fee	Net	Gross	Loan Fee	Net
Federal Direct Graduate PLUS Loan		4.276%			4.276%			4.276%				

**Important Note:** You should not submit this form if your Graduate PLUS loan was credit approved with an endorser. You will need to submit a new Graduate PLUS application and new Master Promissory Note.

By signing below I authorize Catholic University of America to initiate a credit check and understand that credit check will be completed by the U.S. Department of Education

Student's Signature \_\_\_\_\_

NOTE: Signature must be handwritten. Computer fonts not acceptable.

Date \_\_\_\_\_

**USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:**

MAIL OR IN-PERSON	FAX	EMAIL
The Catholic University of America Father O'Connell Hall, Suite M300 620 Michigan Avenue, NE Washington, DC 20064	(202) 319-5573	cua-faforms@cua.edu